

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 586698

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
2		1				
3		1				
4		1				
5		1				
(6)	1					
7		1				
(8)	1					
9		1				
10		1				
11		1				
12		1				
(13)	1					
14		1				
(15)	1					
(16)	1					
17		1				
(18)	1					
19		4				
20		4				
(21)	1					
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50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						